

LIFE PRISONER: REQUEST FOR ATTORNEY/WAIVER OF ATTORNEY OR WITHDRAWAL OF REQUEST

Date of Hearing	Time of Hearing	Type of Hearing
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Please complete and return as instructed by staff as soon as possible but no later than 5 days after receipt.**REQUEST FOR ATTORNEY**☐ I request the assistance of an attorney at my hearing.1. ☐ I have or can retain my own attorney. The attorney is:

Attorney's Name	Telephone
Attorney's Address	

Signature of Prisoner	CDC Number	Date
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2. ☐ I wish to have the state provide an attorney to assist me. I declare under penalty of perjury that I am indigent (I have less than \$1,500 in cash and/or accounts, Title 15 CCR §2256(c)) and cannot afford an attorney.

Signature of Prisoner	CDC Number	Date
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WAIVER OF ATTORNEY☐ I waive my right to have an attorney.

On _____ (Date), I was informed that I have been scheduled to appear before the BOARD OF PRISON TERMS for a hearing. I was also informed of my right to be represented by an attorney at my Board hearing. I know that if I am indigent and cannot afford to retain an attorney the state will appoint an attorney to represent me at state expense. Knowing this, I have decided that I DO NOT wish the assistance of an attorney at my Board hearing

Signature of Prisoner	CDC Number	Date
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WITHDRAWAL OF REQUEST FOR AN ATTORNEY☐ I withdraw my request for an attorney.

I have reconsidered my request for an attorney at my Board hearing and have decided that I DO NOT wish to have the assistance of an attorney at my Board hearing. This decision to withdraw my request for an attorney is not being made as a result of any promises or duress. I know that if I withdraw my request for an attorney, I will not be able to later request an attorney again for this hearing.

Signature of Prisoner	CDC Number	Date
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<u>NAME</u>	<u>CDC NUMBER</u>	<u>INSTITUTION</u>
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